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Acknowledgment Form

The House Staff Manual describes important information about Union Memorial Hospital, and I understand that I should consult the Office of Graduate Medical Education and/or my program director regarding any questions not answered in the manual.

Since the information, policies and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify or eliminate existing policies. Only the Director, Graduate Medical Education, as Chair of the Graduate Medical Education Committee, has the ability to adopt any revisions to policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

Residents’ Responsibilities:

- To develop a personal program of learning to foster continued professional growth with guidance from the teaching staff.
- To participate in safe, effective and compassionate patient care, under supervision, commensurate with their level of advancement and responsibility.
1.2 INTRODUCTION

- To participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students.
- To participate as appropriate in institutional programs and medical staff activities and adhere to established practices, procedures, and policies of the institution.
- To have appropriate representation on institutional committees and councils whose actions affect their education and/or patient care.

NAME (printed): ________________________________
SIGNATURE: ________________________________
DATE: ________________________________
Welcome to Union Memorial Hospital

I am extremely pleased and proud that you have chosen UMH to further your medical education and training. You are now part of a tradition that goes back to the early 20th century, together with hundreds of physicians in Baltimore and around the country and the world. Medical education and clinical research are an integral part of our mission as an academic, community teaching hospital. We are committed to graduate medical education, as is the Medstar Health system.

Just as we are dedicated to state of the art patient care, so also are we dedicated to the best in medical education, with the care of the patient as the focus of our efforts. In recognition of our quality and commitment, Union Memorial has been recognized by the Solucient Group as one of the top 100 teaching hospitals in the United States, one of 3000 under consideration.

I know you will enjoy your time at Union Memorial. Please fully explore all we have to offer, and stop by my office to say hello once in a while!

Stuart B Bell, MD, FACP
Directories

Department Program Directors/Coordinators

Endocrinology
Mansur Shomali, MD, Program Director
Ruth Blackwell, Residency Coordinator......410-554-2923

General Surgery
Richard Heitmiller, MD, Program Director
Cecilia Lawson, Residency Coordinator......410-554-2782

Medicine
Robert Ferguson, MD, Program Director
Fran Violanti, Residency Coordinator ........410-554-3048

Orthopaedic Surgery
Les Matthews, MD, Program Director
Kathy Lind, Residency Coordinator............410-554-2857

Hand Surgery
Thomas Graham, MD, Program Director
Tori Wilson, Residency Coordinator ..........410-554-3960

Sports Medicine
Richard Hinton, MD, Program Director
Patricia Koehler, Residency Coordinator ....410-554-6865
INTRODUCTION

Foot & Ankle
Lew Schon, MD, Program Director
Patricia Koehler, Residency Coordinator ....410-554-6865

Pharmacy
Jamie Reuter, PharmD, BCPS, Program Director
Lori Ross, Residency Coordinator .............410-554-6870

Graduate Medical Education Staff
Kelly Karpovich ........................................410-772-6513
Director, Medical Education, Baltimore
Meghan Shaver ..........................................410-554-6755
Assistant Director, GME
1.6 INTRODUCTION
Employment

Advanced Cardiac Life Support/
Basic Life Support Training

Current ACLS Provider status is mandatory for all house officers. A current copy of an ACLS/BCLS certification must be maintained in each resident's department file.

Basic Ethics and Conduct

The successful business operation and reputation of Union Memorial Hospital is built upon the principles of fair dealing and ethical conduct of our employees. Union Memorial Hospital will comply with all applicable laws and regulations and expects its directors, officers, and employees to conduct business in accordance with the letter, spirit, and intent of all relevant laws and to refrain from any illegal, dishonest, or unethical conduct.

In general, the use of good judgment, based on high ethical principles, will guide you with respect to lines of acceptable conduct. If a situation arises where it is difficult to determine the proper course of action, the matter should be discussed openly with your immediate supervisor and, if necessary, with the Director of Medical Education for advice and consultation.

Disregarding or failing to comply with this standard of business ethics and conduct will lead to disciplinary action, up to and including possible termination of employment.
**Check Out Procedure**

House staff are responsible for items issued to them by UMH or in their possession or control, including the following:

- Identification badges
- Keys
- Pagers
- Uniforms

All house staff are required to complete a House Officer Check Out List prior to leaving the hospital. Check out forms can be picked up in the Departments. All UMH property must be returned by house staff on or before their last day of work. Where permitted by applicable law, Union Memorial Hospital Center may withhold from the employee's check or final paycheck to the cost of any items that are not returned when required. UMH may also take all action deemed appropriate to recover or protect its property.

**Committees**

House staff are assigned to the committees of the Hospital and Medical Board as appropriate. Residents will be given a list of committees to which they are expected to attend at the departmental orientations. Residents are encouraged to contact their program coordinators for additional information.
Disability Accommodation

UMH is committed to complying fully with the Americans with Disabilities Act (ADA) and ensuring equal opportunity in employment for qualified persons with disabilities. All employment practices and activities are conducted on a non-discriminatory basis.

Post-offer medical examinations are required only for those positions in which there is a bona fide job-related physical requirement. They are given to all persons entering the position only after conditional job offers. Medical records will be kept separate and confidential.

Reasonable accommodation is available to all disabled employees, where their disability affects the performance of job functions. All employment decisions are based on the merit of the situation in accordance with defined criteria, not the disability of the individual.

This policy is neither exhaustive nor exclusive. UMH is committed to taking all other actions necessary to ensure equal employment opportunity for persons with disabilities in accordance with the ADA and all other applicable federal, state, and local laws.
2.4 EMPLOYMENT

Dress, Standards of Appearance
Effective Date: September 1, 1994
Revision Date(s): October 13, 2002; February 15, 2004; November 13, 2005; February 1, 2006; April 8, 2006, February 27, 2008

1.0 Purpose:
To provide general standards of dress and appearance while performing job duties; to limit the risk of infection or injury to patients; and, to establish guidelines for a professional appearance that helps others to identify individuals in their health care roles in the Hospital.

2.0 Policy
2.1 Union Memorial Hospital is committed to ensuring that employees, contract staff and volunteers present a professional, neat and clean image for patients, their families and other visitors. Consistent with that expectation, dress and appearance standards will reflect the Hospital's awareness that a professional appearance contributes to the Hospital's image.

2.2 Departments, units, or divisions may establish more specific guidelines consistent with this Policy.

2.3 This Policy is applicable on all shifts, seven days a week.

3.0 Dress Standards
3.1 All Employees
   3.1.1 Employees are expected to wear professional attire or, if required, uniforms that are clean, pressed and properly fitted. Skirts or dresses should not be more than two (2) inches above the knees.
3.1.2 Generally, shirts and blouses should be tucked in at all times unless the style of the shirt/blouse (e.g. some uniform tops or women’s blouses) was designed to be worn over slacks or skirts.

3.1.3 Jeans/denim, shorts, capris, skorts, tee shirts, sleeveless, backless, strapless, spaghetti-string tops or dress, low necklines, sweat shirts, logo tee-shirts (including those with the UMH or I CARE logo), midriffs (or any top that exposes the mid-section), spandex and sheer attire are not acceptable work attire.

3.1.4 During the holiday season, clean and pressed sweatshirts, shirts or sweaters with holiday décor may be worn with department head approval.

3.1.5 Generally, hats or caps are not permitted. Hats or caps are permitted, however, if they are part of UMH-authorized uniform, are worn for religious or health-related reasons, or worn to protect an employee while he/she is working in inclement or hot weather.

3.1.6 Employees are required to wear socks/hosiery (including stockings or knee-hi hosiery). During the spring or summer, an exception to this requirement may be made at the manager’s discretion, as long as employees understand that guidelines related to acceptable footwear still apply.
3.1.7 Underwear must not be visible through clothing.

3.1.8 Shoes must be clean and in good repair.

3.1.9 Footwear that violates a safety or infection control regulation is prohibited. Flip-flops and bedroom slippers are not acceptable footwear. Loose fitting shoes or boots of any style that are unsafe for the work performed are not permitted in any work area.

3.1.10 Jewelry worn in the workplace should be minimal. Earrings may be worn only in the earlobes. Earrings should be no longer or wider than 1 inch. Multiple bangles that make noise should not be worn while caring for patients. Stricter guidelines related to wearing jewelry may be implemented and enforced for reasons related to safety, patient care and/or infection control. Pins, rings or studs may not be worn in the nose, eyebrows, tongue, or in or around the lips.

3.1.11 Employees must obtain approval to wear or carry Union Memorial hospital scrubs offsite. Employees who work in “clean areas” (e.g., Operating Room) must wear a lab coat over their scrubs anytime they leave the clean area. Soft pastels, earth tones and color-coordinated scrubs are acceptable, as permitted by the department/division (i.e., Imaging, Pharmacy, etc.). Employees should avoid wearing black
or brightly-colored/florescent scrubs (e.g., orange, yellow, red, hot pink). Denim scrubs are prohibited. Shoe covers, masks, and gloves [personal protective wear] are to be discarded before leaving the Operating Room or any other area where they are used in caring for patients.

3.1.12 The chewing of gum during direct patient care activities is unacceptable.

3.1.13 A long sleeve UMH fleece with the UMH logo is permitted, as appropriate and as defined by the assigned department leader.

3.2 Personal Pagers, Cell Phones, I-Pods, Headsets and Headphones

3.2.1 Wearing or carrying personal pagers or cell-phones during work time for the sole purpose of making or receiving personal calls, text messages or pages is prohibited and will be strictly enforced.

3.2.2 Personal headsets, headphones and I-Pods with earphones may not be used while employees are working/performing job duties.

3.2.3 Employees who are authorized to use a cell-phone in the course of performing their duties are reminded to comply with “quiet zone” guidelines in patient care areas.
3.2.4 Employees may not use cell-phones in the cafeteria or in public hallways during breaks or any other time.

3.3 Employees Who Wear Uniforms
In addition to the standards above that apply to all employees, employees who wear uniforms also are expected to comply with the following guidelines:

3.3.1 Employees are expected to adhere to the uniform standards of their respective work areas. Uniform colors may vary at the discretion and approval of the department director/manager.

3.3.2 Dress, uniform dress pants, blouses, jumpers, jumpsuits, culottes, vests and skirts are permitted that meet the standards of the designated department. A long sleeve UMH fleece with the UMH logo is permitted, as appropriate and as defined by the assigned department leader.

3.3.3 Direct care providers must wear hosiery/socks that do not have holes or runs. Seasonal anklet socks over hosiery are acceptable.

3.3.4 Denim/jean fabric scrubs or uniforms are not permitted.

3.3.5 Solid colored long or short-sleeved tee-type shirts or turtleneck shirts may be worn under uniforms in work areas where cooler temperatures are required for infection control or
manufacturer recommended equipment control purposes.

3.4 Team Day
Every Friday is TEAM DAY in non-clinical areas that have not established specific uniform/dress guidelines. The following guidelines apply to TEAM DAY:

3.4.1 Pressed pants/slacks, including cropped pants (i.e. pants that are cropped above the ankle), dresses or skirts are acceptable wear for Team Day. Capri pants (pants that fall just below the calf) are not acceptable Team Day attire.

3.4.2 Shirts or blouses with a collar and sweaters that have an UMH/Department logo or the I CARE logo are permitted. A long-sleeve UMH fleece with the UMH logo is permitted.

3.4.3 The footwear guidelines set forth above apply to Team Day. Jeans/denim, shorts, skorts, tee shirts, sweatshirts, spandex, caps/hats, bare legs and jogging wear, or any other clothing expressly prohibited in the policy are not acceptable TEAM DAY attire.

3.5 Grooming Standards (All Employees)

3.5.1 Personal hygiene is very important. Daily baths, shaving, use of deodorant, and daily mouth hygiene all are essential to providing a professional image.

3.5.2 Fingernails must be clean and should be short
(i.e., not longer than ½ inch beyond fingertips). False nails, such as acrylic and/or nail tips may not be worn by employees who provide direct patient care, even if it is not on a daily basis (i.e., employees whose job requires them to be certified to provide cardiac pulmonary resuscitation and/or provide direct, hands-on patient care).

3.5.3 The use of perfume, fragranced hand lotions or body sprays, cologne or after-shave, particularly in areas where patient care is provided, are discouraged as any of these items may cause respiratory problems for patients, visitors or co-workers.

3.5.4 Hair must be neat and clean. Hairstyles that obstruct eye contact or extreme colors or styles are not acceptable. For example, long-spiked or Mohawk haircuts are not acceptable. Other safety-related guidelines may apply to specific departments.

3.5.5 Facial hair must be neatly trimmed and beards may not be longer than 2 inches below the jaw line.

3.6 Other General Dress/Appearance Guidelines

3.6.1 Employees who are called in during assigned on-call hours should report to work dressed in a manner consistent with this Policy or have access to clothing that they can change into that conforms to these guidelines.
3.6.2 The Hospital recognizes that there may be occasions when the nature of an employee’s responsibilities requires him/her to wear dress attire that is prohibited by this Policy (e.g., working on the floor to teach BLS/ACLS/PALS, cleaning office space, etc). Department heads may exercise discretion in making exceptions to this policy for those limited occasions. On occasions when these duties will not be performed the entire workday, employees should be instructed to bring along a change of clothing that is consistent with the dress standards.

3.6.3 In addition to the dress and grooming standards outlined above, each department, especially those requiring uniforms, may develop and publish more specific guidelines that are consistent with the standards outlined above.

3.6.4 Each department head/manager and supervisor is responsible for ensuring that all dress and grooming standards are followed. Questions regarding these standards may be directed to the department supervisor or the Human Resources Department.

3.6.5 Employees who report to work dressed or groomed in a manner inconsistent with this Policy may be subject to the following:

a. Sent home and charged vacation for the shift and/or;
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b. Receive Corrective Action, up to and including termination, for violations of this Policy.

3.6.6 Department directors, managers and senior management have authority to enforce this policy, even if the alleged “violator” works in a different department. The director of the department in which the employee works should be notified as soon as possible and before corrective action consistent with this Policy is taken.

4.0 Scope

This policy applies to all Union Memorial Hospital employees, students, contract staff and volunteers. For employees covered by an employment agreement, contract provisions that are not consistent with this Policy will take precedence over the specific provision herein that is in conflict.

Duty Hour Policy

I. Purpose

To establish a policy for all post-graduate training programs at Union Memorial Hospital to monitor and schedule appropriate work/duty hours of the house officers ensuring that the educational goals of the program and learning objectives of the residents are not compromised by excessive reliance on residents to fulfill institutional service obligations.
II. Scope
This policy will apply to all ACGME-accredited training at Union Memorial Hospital. All information contained in this policy shall be minimum criteria for house officer duty hours. More detailed duty hour information shall be delineated by each clinical department in its respective Departmental Policy for House Officer Duty Hours. The Graduate Medical Education Committee of each Hospital must approve all policies.

III. Definitions
House Staff or House Officer - refers to all interns, residents and fellows enrolled in a MedStar Hospital postgraduate training program.

Post-Graduate Training Program - refers to a residency or fellowship educational program, accredited by the ACGME, for purposes of clinical education.

Duty Hours - are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

IV. Responsibilities/Requirements
A. The Program Director is responsible for the duty schedules in his/her respective department. The Program Director is responsible for making the ultimate decisions
EMPLOYMENT

regarding scheduling of all duty hours for all residents within their scope of supervision.

B. On-call rooms are provided for residents with nighttime duty hours.

C. The on-call schedule will be tailored to be consistent with the residency requirements set forth by the Accreditation Council for Graduate Medical Education (ACGME) in the Institutional Requirements, Common Program Requirements and Program Requirements.

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities.

2. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities when averaged over a four-week period, inclusive of call.

3. A 10-hour time period should be provided between all daily duty periods and after in-house call.

4. In-house call must occur no more frequently than every third night, averaged over a four-week period.

5. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.

6. No new patients, as defined in Specialty and
Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.

7. At-home call must be monitored to ensure that house staff have 1 day in 7 free from duty as defined above in IV.C.2 and should a house officer be called into the hospital from home those hours spent in-house must be counted toward the 80 hour limit.

D. On a periodic basis, Program Directors will be asked to review their duty hour schedules and processes for ensuring compliance of their schedules with the Graduate Medical Education Committee.

E. Any house officer working in excess of the hours mentioned in item IV.C.1-7 above should report the situation to their Chief Resident, Program Director, Department Chief, or the Vice President, Medical Affairs.

F. Each department must have its own Policy for House Officer Duty Hours, which is approved by the Graduate Medical Education Committee.

**Duty Hour Extension Policy**

**I. Purpose**
To establish a policy for all post-graduate training programs at Union Memorial Hospital to request institutional endorsement for duty hour extension applications to the Residency Review Committees (RRC)

**II. Scope**
This policy will apply to all ACGME-accredited training programs at Union Memorial Hospital.
III. Definitions

House Staff or House Officer – refers to all interns, residents and fellows enrolled in a Union Memorial Hospital post-graduate training program.

Post-Graduate Training Program – refers to a structured residency or fellowship educational program, accredited by the ACGME, CPME, ADA or other recognized accrediting body, or a non-accredited program which is recognized by its specialty board, for purposes of clinical education.

Duty Hours – Defined as work time scheduled for all clinical and academic activities related to the residency program, including, but not limited to patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, scheduled academic activities such as conferences and moonlighting. Duty hours do not include time for a program of self study, e.g., reading and preparation time spent away from the duty site.

Duty Hour Extension – refers to the ACGME’s exception to the Duty Hour Requirement whereby individual residency programs may request up to a 10% addition to the 80-hour limit based on a sound educational rationale. Prior permission of the GMEC is required.

IV. Responsibilities/Requirements

A. All requests for duty hour extensions must be reviewed and approved by the Graduate Medical Education Committee (GMEC). In order to be placed on the agenda
for the GMEC meeting, the following information must be submitted to the Graduate Medical Education Office (GME Office) at least 2 weeks prior to the next meeting.

1. Documentation that the program is accredited and in good standing (continued full accreditation or full accreditation) without a warning or a proposed or confirmed adverse action.

2. Information that describes how the program and institution will monitor, evaluate, and ensure patient safety with extended resident work hours.

3. The educational rationale in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested.

4. Specific information regarding the program's moonlighting policies for the periods in question.

5. Specific information regarding the resident call schedules during the times specified for the exception.

6. Evidence of faculty development activities regarding the effects of fatigue and sleep deprivation.

The GMEC will review all of the documentation for educational justification of a duty hour extension. The GMEC will not endorse any extension that is not completely warranted for educational reasons.

B. Procedure: If approved by the GMEC, all of the above information should be sent to the GME Office. In addition the GME Office will provide the following:
EMPLOYMENT

1. A written statement of institutional endorsement of the requested duty hour extension signed by the Designated Institutional Official (DIO).
2. A copy of this policy.
3. The current accreditation status of the program and of the sponsoring institution.

The Director of Graduate Medical Education will forward the request to the respective RRC.

Elective/Clerkship Documentation Policy

I. Purpose
To establish a policy for all medical students/house officers from outside facilities rotating to Union Memorial Hospital Center.

II. Scope
This policy will apply to all graduate medical education teaching programs within Union Memorial Hospital.

III. Definitions
House Staff or House Officer - refers to all interns, residents and fellows participating in a Union Memorial Hospital post-graduate training program.

Graduate Training Program - refers to a residency or fellowship educational program.

Medical Student - refers to a student currently enrolled in an LCME or AOA accredited medical school.
IV. Responsibilities/Requirements
A. Medical Students: Medical students rotating through the Union Memorial Hospital on one of two levels:

1. Clerkship: Rotation during the third year of medical school, to fulfill core clerkship or elective clerkship requirements. Will require the following documentation:
   • A signed agreement between Union Memorial Hospital and the medical school
   • Authorization Form signed by the Department Chairman or designee
   • Evaluation of clinical ability during rotation—forms supplied by the supporting medical school
   • Dean's letter of approval
   • Proof of recent physical examination (within one year)
   • Proof of up-to-date vaccinations
   • Malpractice coverage provided by the supporting medical school
   • Proof of blood borne pathogen and TB education program
   • Confidentiality agreement (provided by medical school or hospital)
   • Goals and objectives for rotation—provided by medical school

2. Elective: Rotation during the fourth year of medical school, to fulfill academic requirements. Requirements are the same as clerkship.
Institutional Benefits for medical students will include:
- On-call Meals
- Free Parking
- Free Housing with Prior Approval (limited availability)
- Access to SMS

B. House Officers rotating from other hospitals (JCAHO accredited): Must provide the following items:
- A letter from the Director of Medical Education at the sponsoring hospital stating that the resident is in good standing
- Copy of ECFMG certificate if applicable
- Proof of up-to-date vaccinations
- Proof of malpractice coverage
- UMP’s registration or active MD state license

Institutional Benefits for Residents will include:
- On-call Meals
- Free Parking
- Free Housing with Prior Approval (limited availability)
- Access to SMS

C. Fellows rotating from other hospitals (JCAHO accredited): Must provide the following items.
- A letter from the Director of Medical Education at the sponsoring hospital stating that the fellow is in good standing
- Copy of ECFMG certificate if applicable
- Proof of up-to-date vaccinations
EMPLOYMENT 2.21

- Proof of malpractice coverage
- UMP’s registration or active MD state license

Institutional Benefits for fellows will include:
- On-call Meals
- Free Parking
- Free Housing with Prior Approval (limited availability)
- Access to SMS

Equal Opportunity Policy

I. Purpose:
To establish a policy for all graduate training programs within Union Memorial Hospital to ensure an equal opportunity for employees and applicants for employment.

II. Scope
This policy will pertain to all house officers.

III. Definitions:
House Staff or House Officer – refers to all interns, residents and fellows enrolled in a MedStar Hospital post-graduate training program.

IV. Procedure
The GMEC, as a governing committee of Graduate Medical Education at Union Memorial Hospital, has elected to adopt the Union Memorial Hospital Human Resources Policies and Procedures 502 regarding Equal Opportunity Policy as a Graduate Medical Education policy.
Evaluation Policy

I. Purpose
To establish a policy for all post-graduate training programs within the MedStar Health System (Baltimore Division) to use in the formal evaluation of house officers’ performance and for the house officers’ evaluation of the hospital and the program. Evaluation is utilized to enhance the educational process.

II. Scope
This policy will apply to all Graduate Medical Education (GME) training programs in the MedStar Health System (Baltimore Division). All information contained in this policy shall be used as minimum criteria for evaluation. More detailed evaluation criteria shall be delineated by the clinical departments in their respective Departmental Evaluation Policies.

III. Definitions
House Staff or House Officer - refers to all interns, residents and fellows enrolled in a MedStar Hospital post-graduate training program.

Post-Graduate Training Program – refers to a residency or fellowship educational program.

IV. Responsibilities/Requirements
A. Evaluation of House Officers
   1. To enhance the educational process and keep all house officers apprised of their educational progress/advancement, all Program Directors (or designees) must formally evaluate each house officer at
six (6) month intervals. These evaluations shall be in writing, dated, and signed by the Program Director, attesting that he/she has verbally discussed the evaluation with the house officer.

2. All formal evaluations must be kept as part of the House Officer’s personnel file and be available upon request of the house officer at all times.

3. At the conclusion or termination of each house officer’s training, a formal summation of performance throughout the duration of training will be completed by the Program Director and maintained as permanent documentation of the program. A copy of this final evaluation will be forwarded to the Office of Graduate Medical Education for permanent archiving.

a) All documentation of house officers’ performance by the faculty, formal or informal, must be maintained as permanent documentation by the department.

b) The Program Director shall be responsible for communicating the Departmental Policy for Evaluation to all house staff and faculty.

c) Evaluations will be one of the tools utilized in determining promotion, as specified in the Policy for the Promotion of House Officers.

B. Evaluation by House Officers

1. Each Program Director shall assure that at least annually, each house officer formally evaluates the teaching faculty and the program in writing.
2. These evaluations should be anonymous and confidential. Program Directors must assure house officers are free to comment frankly and openly without fear of intimidation or retaliation.

3. In addition to the departmental evaluation process, the Office of Graduate Medical Education will conduct an annual end-of-the-year summary evaluation of the program, the institution and the overall educational experience. All house officers are required to complete the institutional evaluation. Reports of the evaluation will be communicated to the Program Directors and the Graduate Medical Education Committee.

C. Failure to Meet Expected Standards
House Officers are expected to meet and adhere to academic, clinical and professional standards set forth by the Institutional and Program Requirements, as well as the Institution and the Department. If at any time a House Officer exhibits unsatisfactory performance, the situation will be handled in accordance with the Hospital’s Academic Improvement Policy or the House Officer Misconduct Policy.

General Responsibility Policy
I. Purpose
To provide guidelines to house staff regarding their general responsibilities as a post-graduate trainee.

II. Scope
This policy will apply to all house officers participating in
post-graduate training programs in the MedStar Health System Baltimore Division Hospitals. More specific guidelines may be developed by each Program, and approved by the Graduate Medical Education Committee.

III. Definitions

House Staff or House Officer - refers to all interns, residents and fellows enrolled in a MedStar Hospital post-graduate training program.

Post-Graduate Training Program - refers to a residency or fellowship educational program, accredited by the ACGME, for purposes of clinical education.

IV. Responsibilities/Requirements

A. Each house officer is expected to avail himself/herself of the educational opportunities offered within the institution, provide medical treatment to the hospital's patients in a competent and caring manner, and conduct himself/herself in a moral, ethical and professional manner at all times.

B. To meet these responsibilities, the house officer is expected to:

1. Attend and actively participate in all conferences and teaching rounds within the assigned department
2. Render appropriate medical care to our patients in a kind and caring manner under the supervision of the attending physician
3. Attend assigned clinics
4. Participate in the evaluation of the program, his/her peers and teaching faculty as requested by the Program Director
2.26 EMPLOYMENT

5. Do independent study using the services and resources offered through the medical library
6. Participate in research activities and quality improvement of the Hospital
7. Document care and complete/sign patient medical records in a timely manner
8. Volunteer to serve as a member of various staff and hospital committees
9. Be on time and present for all assignments
10. Respond to pages promptly
11. Conduct himself/herself in an ethical and moral manner
12. Maintain a professional appearance and demeanor
13. Assume progressive responsibilities as he/she gains experience
14. Contribute to the successful operation of the Hospital
15. Provide supervision to junior house officers and medical students
16. Document completion of procedures and submit information to program director’s office
17. “Sign out” before leaving the hospital
18. Accept “Sign out” from departing house officers
19. Cooperate with nursing and other staff
20. Report to the Program Director any event that may expose you and/or the Hospital to liability
21. Comply with all departmental policies
**Immigration Law Compliance**

UMH is committed to employing only United States citizens and foreign nationals who are authorized to work in the United States for any employer on a full-time basis, and does not lawfully discriminate on the basis of citizenship or national origin.

In compliance with the Immigration Reform and Control Act of 1986, each new house officer, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an I-9 with UMH within the past three years, or if their previous I-9 is not longer retained or valid.

House staff with questions or seeking more information on immigration laws are encouraged to contact the Office of Graduate Medical Education. Employees may raise questions or complaints about immigration law compliance without fear of reprisal.

**Licensure in the State of Maryland**

I. **Purpose**

To ensure all physicians have a license to practice medicine in the State of Maryland or, when they do not, that all MedStar Hospitals are in compliance with COMAR 10.32.07, “Unlicensed Medical Practitioners.”

II. **Scope**

This policy will apply to all medical school graduates
participating in post-graduate training programs in the MedStar Health System Baltimore Division Hospitals.

III. Definitions

House Staff or House Officer - refers to all interns, residents and fellows enrolled in a MedStar Hospital post-graduate training program.

Post-Graduate Training Program - refers to a residency or fellowship educational program, accredited by the ACGME, for purposes of clinical education.

IV. Responsibilities/Requirements

A. All house officers must either be licensed to practice medicine in the State of Maryland or be registered as an unlicensed medical practitioner with Maryland's Board of Physician Quality Assurance (BPQA).

B. Each Program Director (or designee) shall register or re-register the unlicensed practitioner with the Maryland BPQA annually unless the medical school graduate provides a copy of a valid license to practice medicine (See attached forms).

State law requires that the completed, signed forms and application fees must be received by the BPQA within 30 days of the effective date of the training program contract.
Moonlighting and Outside Professional Employment

I. Purpose
To establish guidelines for employment outside of the MedStar Health System contract for residency and fellowship training.

II. Scope
This policy will apply to all house officers participating in post-graduate training programs in the MedStar Health System Baltimore Division Hospitals.

III. Definitions
House Staff or House Officer - refers to all interns, residents and fellows enrolled in a MedStar Hospital post-graduate training program.

Post-Graduate Training Program - refers to a residency or fellowship educational program, accredited by the ACGME, for purposes of clinical education.

Moonlighting - refers to any and all clinical activities outside of the scope of the defined post-graduate training program.

Outside Professional Employment - refers to any non-clinical employment the house officer engages in outside of the defined post-graduate training program.

IV. Responsibilities/Requirements
A. House Officers are not required to engage in moonlighting; however, moonlighting is permissible so long as, in the judgment of the Program Director, such activity does not
interfere with the house officer's ability to meet his/her educational obligations in a satisfactory manner.

B. House Officers who moonlight must obtain, at their own cost, an unrestricted state license prior to commencing any moonlighting activity.

C. A house officer who moonlights outside of the MedStar Health System is not provided coverage of professional liability insurance by MedStar Health or its affiliates. It is the responsibility of the moonlighting house officer to obtain appropriate professional liability insurance for any moonlighting activity outside of the MedStar Health System. Additionally, the house officer must report to the hiring institution's medical staff office for credentialing.

D. The Program Director must prospectively approve in writing all moonlighting of house officers within their scope of supervision. This written approval will be noted in the house officer's file. Approval does not extend coverage for professional liability. Should it be determined that moonlighting activity has an adverse effect on a resident's performance the permission to moonlight may be withdrawn.

E. Any moonlighting occurring within the residency program or the sponsoring institution must be counted towards the 80-hour weekly limit on duty hours.

F. Professional activities outside the scope of moonlighting must not interfere with the house officer's ability to meet educational objectives in a satisfactory manner.

G. Any house officer holding an H-1B or J-1 visa, by
virtue of INS regulations and ECFMG sponsorship, is not allowed to accept work or receive income in any capacity other than that of a resident physician in the specific residency identified on the DS2019 issued by the ECFMG or the Labor Conditions Application approved by the INS.

Personnel Data Changes
It is the responsibility of each employee to promptly notify UMH of any changes in personnel data. Personal mailing addresses, telephone numbers, number and names of dependents, individuals to be contacted in the event of an emergency, and other such status reports should be accurate and current at all times. If any personnel data has changed, notify the Office of Graduate Medical Education.

Personnel Files Policy
I. Purpose
To establish a policy for all graduate-training programs within Union Memorial Hospital outlining the maintenance and retention of house staff personnel files.

II. Scope
This policy will apply to the management of all personnel files for house officers participating in a graduate-training program within Union Memorial Hospital.

III. Definitions
House Staff or House Officer - refers to all interns, residents and fellows participating in a Union Memorial Hospital graduate-training program.
Graduate Training Program - refers to a residency or fellowship educational program.

IV. Responsibilities/Requirements
A. The respective residency office serves as the personnel office for the house officer. To that end, all employment documents and verifications shall be received, reviewed, and filed by the residency office in the house officer’s personnel file.

B. House Officers shall have access to their files during regular business hours upon request.

C. The following information will be contained in each personnel file:

CURRENT HOUSE OFFICER Files:

SECTION 1: Personal History/Personnel Information
SECTION 2: Contracts & Diplomas in chronological order
SECTION 3: All correspondence to, from, or about the house officer. MD License, when obtained
SECTION 4: Loan Deferment forms
   Check requests
   (travel, educational expenses)
SECTION 5: All ECFMG/Visa paperwork (if applicable)
SECTION 6: Application Materials:
   • Union Memorial Hospital Center Application,
     Universal or ERAS Application
• Official (original) Transcripts
• Personal Statement
• Dean’s Letter
• At least two letters of Recommendation:
• USMLE Step 1 & 2 Scores (if applicable)

In addition, each Program Director or Chairman is responsible for maintaining departmental files with the following original documents:
• Evaluations of house officer
• House officer evaluations of faculty
• Correspondence between the house officer and the program director
• Procedure logs

* Note: Confidential correspondence directed to the Program Director, about a resident, shall not be maintained in the resident's personnel file.

Upon conclusion of the training period, the Residency Office shall house all alumni files. Each program director is responsible for transferring departmental files on the house staff for permanent storage. Upon request, files will be available to the Director of Medical Education within one (1) working day. All requests for verification should be forwarded to the appropriate residency coordinator. The following information shall be maintained in the alumni file:
ALUMNI Files:

SECTION 1: Final Statement of Resident Status
Personal History/Personnel Information

SECTION 2: Contracts & Diplomas in chronological order

SECTION 3: Pertinent correspondence
• MD License, when obtained
• Final loan deferment papers
• Any additional departmental information

SECTION 4: Department Evaluation Forms

SECTION 5: ECFMG Certificates, VISA (if applicable)

SECTION 6: Application Materials:
• Residency Application Form
• Official Transcripts
• Personal Statement
• Dean’s Letter
• Two Letters of Recommendation
• USMLE Step 1 & 2 Scores (if applicable)

Physical Examinations and Drug Testing
To help ensure that house staff are able to perform their duties safely, a drug screening and physical examination are required. Prior to the first day of work, a physical examination will be performed either through Occupational Health at UMH or through a private physician. A com-
completed health attestation form is required from your private physician. The offer of employment and assignment to duties is contingent upon satisfactory completion of the exam. If the physical examination reveals any physical or mental disorder that would prevent the house officer from completing the essential duties of the position and reasonable accommodation cannot be made, then the contract may be terminated.

All house staff are also required to have a yearly tuberculosis screening. Failure to complete this screening will result in disciplinary action.

Current employees may be required to make medical examinations to determine fitness for duty. Such examinations will be scheduled at reasonable times and intervals and performed in Occupational Health.

Information on medical condition or history will be kept separate from other house staff information and maintained confidentially. Access to this information will be limited to those who have a legitimate need to know.

It is Union Memorial Hospital's desire to provide a drug-free healthful and safe workplace. To promote this goal, all employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

To help ensure a safe and healthful working environment, all new house staff will be asked to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol.
While on Union Memorial Hospital premises and while conducting business-related activities off Union Memorial premises, no employee may use, possess, distribute, sell or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee’s ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

Promotion Policy

I. Purpose
To establish a policy for all post-graduate training programs within the MedStar Health System (Baltimore Division) to use in the promotion and appointment of house officers to the next level of post-graduate training.

II. Scope
This policy will apply to all post-graduate training programs in the MedStar Health System (Baltimore Division). All information contained in this policy shall be used as minimum criteria for promotion. More detailed promotion criteria shall be delineated by each clinical department in its respective Departmental Promotion Policy.

II. Definitions
House Staff or House Officer – refers to all interns, residents and fellows participating in a MedStar Hospital post-graduate training program.

Post-Graduate Training Program – refers to a residency or fellowship educational program.
**Letter of Deficiency** – refers to the process of formally providing “notice and opportunity to cure” as described in the “Academic Improvement” Policy.

**IV. Responsibilities/Requirements**

**Promotion:**

A. The decision as to whether or not to re-appoint and promote a house officer to the next level of post-graduate training shall be made annually by the Program Director upon review of the house officer’s performance.

B. The Program Director shall consider all feedback and evaluations of the house officer’s performance (refer to the Policy for Evaluation of House Officers) and any other criteria deemed appropriate by the Program Director.

C. Each year, the Office of Graduate Medical Education will request promotional decisions from the Program Directors by February 1st. Per the ACGME’s Institutional Requirements, programs must provide, “their residents with a written notice of intent not to renew a resident’s contract, no later than 4 months prior to the end of the resident’s current contract.” The Office of Graduate Medical Education should be notified immediately upon the Department’s decision to not renew an employment contract.

D. If necessary, a Program Director may decide to defer a final decision on whether to promote a house officer until after February 1st. In this situation, the Program Director should issue a Letter of Deficiency to the house officer pursuant to the Academic Improvement Policy.
E. The Program Director may elect to extend the house officer's contract pending satisfactory completion of academic requirements. In this event, the decision to promote will be deferred until satisfactory completion of the educational program is confirmed.

F. A decision not to promote a resident, or to extend a resident's contract, should be preceded by a Letter of Deficiency pursuant to the Academic Improvement Policy.

G. If a program director elects not to promote a resident, or extends a determined period of training, the house officer has a right to due process in accordance with the Academic Improvement Policy or the House Officer Misconduct Policy.

IV. Non-Renewal of Contract
A. See Policy for “Termination/Dismissal of Employment”

Reduction in Force Policy

I. Purpose
To establish a policy for all post-graduate training programs within the MedStar (Baltimore Division) System to state the intentions of the System regarding the potential for reduction or elimination of the resident physician work force.

II. Scope
This policy will apply to all ACGME-accredited training programs in the MedStar Health System Baltimore Division Hospitals.
III. Definitions
House Staff or House Officer - refers to all interns, residents and fellows enrolled in a MedStar Hospital post-graduate training program.

Post-Graduate Training Program - refers to a residency or fellowship educational program, accredited by the ACGME, for purposes of clinical education.

IV. Responsibilities/Requirements
A. There are no planned closures of post-graduate training programs; however, in the unlikely event that a reduction is necessary, it is important to have a policy in place to protect and assist residents if unforeseen changes occur.
   1. All current contracts will be honored.
   2. House staff will be notified in writing at least three months prior to any major change in the residency program.
   3. Every effort will be made to ensure residency programs will only be eliminated or downsized at the end of the academic year.
   4. Every effort will be made to help each house officer find alternative training in an ACGME-accredited program.

Restrictive Covenants
I. Purpose
To establish a policy for all graduate training programs within Union Memorial Hospital that prohibits the use of restrictive covenants in the House Staff Agreements.
II. Scope
This policy will apply to all graduate training programs in Union Memorial Hospital.

III. Definitions
House Staff – refers to all interns, residents and fellows enrolled in the Union Memorial Hospital's graduate training programs.

Restrictive Covenant – refers to a non-competition guarantee.

IV. Responsibilities/Requirements
A. In accordance with ACGME requirements, the institution prohibits the use of restrictive covenants in any resident employment contract. This includes the official contract offered by the GME office as well as any communications from the residency program.

Selection and Credentialing of House Officers
I. Purpose
To establish a policy for all post-graduate training programs within Union Memorial Hospital to use in the selection of house officers. To further establish a procedure for the credentialing of house officers.

II. Scope
This policy will apply to all ACGME-accredited training programs at Union Memorial Hospital. All information contained in this policy shall be used as minimum criteria for selection. More detailed selection criteria shall be
delineated by each clinical department in its respective Departmental Selection Policy. The Graduate Medical Education committee of each program’s respective Hospital must approve all policies.

III. Definitions

**House Staff or House Officer** - refers to all interns, residents and fellows enrolled in a MedStar Hospital post-graduate training program.

**Match** - refers to the formal process of matching residents to hospitals, administered by the National Residency Matching Program (NRMP).

IV. Responsibilities/Requirements

A. All applicants for a house staff position must be (pending) graduates of:
   1. An LCME (Liaison Committee on Medical Education) accredited medical school; or
   2. An AOA (American Osteopathic Association) accredited medical school; or
   3. A medical school listed in the *World Health Organization Directory of Medical Schools*; or
   4. Completion of a Fifth Pathway program provided by an LCME-accredited medical school.

B. All applications for House Staff positions must be submitted by one of the following methods:
   1. The Electronic Residency Application Service (ERAS); or
   2. The Universal Application for Residency Training; or
3. Approved Hospital employment application for residency or fellowship training.

C. The Program Director, or designee, will evaluate and select the candidates he/she believes to be the most qualified for the positions available within the training program.

D. PROCEDURE. Once an applicant is selected for an interview, the following procedure must be employed by all programs:

1. The following credentials must be collected for each candidate:
   a) Application and Indemnity Statement, completed and signed.
   b) Original Dean's letter
   c) Original (certified) Medical School Transcript
   d) Verification of graduation from the Medical School. (Appointments to PGY-1 positions may be made prior to graduation; however, it is the responsibility of each Program Director to verify graduation before the intern begins the program and to file documentation in the personnel file.)
   e) Verification of graduation from previous U.S. residency program. (Appointments to positions above the PGY-1 level may be made prior to the completion of the current academic year. It is the responsibility of each Program Director however, to verify successful completion of such training before the
resident begins the program. Verification documentation must be kept in the personnel file.

f) Two (2) letters of reference from attending physicians familiar with the individual’s performance. If the candidate has previously been in a post-graduate training program, one letter must be from the candidate’s former Program Director.

2. Candidates of medical schools that are not accredited by the LCME or the AOA must have the following additional documentation:

   a) Official certified translations of all documents listed above in English; and

   b) Certification by the Educational Commission of Foreign Medical Graduates (ECFMG).

3. All candidates should interview with the Program Director (or designee) and one or more members of the faculty. Telephone interviews will only be granted in lieu of a personal interview in the event of business necessity.

4. All residency programs are expected to participate in the National Residency Matching Program (NRMP) or specialty program match and to follow all rules and requirements set forth by that organization. The Vice President of Medical Affairs and Director of Medical Education must be notified if a program selects a resident outside of the match.
5. All candidates should be evaluated based on the following minimum criteria:
   a) Preparedness
   b) Ability
   c) Aptitude
   d) Academic credentials
   e) Communication skills
   f) Personal qualities, such as motivation and integrity

6. All candidates invited for interviews must be given the following information in written format:
   a) Salary and benefits information
   b) Explanation of MedStar's Professional Liability coverage for house officers
   c) Any conditions of employment

7. Upon selection (or after the Match), contracts shall be prepared by the Corporate Office of Graduate Medical Education and signed by the Vice President for Medical Affairs.

8. If any of the required credentials documentation is missing, contracts cannot be issued.

9. MedStar Health, Inc. is an equal opportunity employer. Residency programs will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.
Supervision of House Officers

I. Purpose
To establish a policy for all post-graduate training programs within the MedStar (Baltimore Division) System to ensure all post-graduate programs provide increasing amounts of responsibility with appropriate supervision of house officers and other educational trainees.

II. Scope
This policy will apply to all ACGME-accredited training programs in the MedStar Health System Baltimore Division Hospitals. All information contained in this policy shall be used as minimum criteria for supervision. More detailed supervision criteria shall be delineated by each clinical department in its respective Departmental Supervision Policy. The Graduate Medical Education committee of each program's respective Hospital must approve all policies.

III. Definitions
House Staff/House Officer - refers to all interns, residents and fellows enrolled in a MedStar Hospital post-graduate training program.

PGY - refers to “Post Graduate Year,” or the year of training the house officer is currently enrolled in past completion of medical school.

IV. Responsibilities/Requirements
A. Every house officer is assigned to a designated clinical service. On call schedules and rotation schedules are developed on a monthly basis to provide residents with a
variety of service and patient mix. Residents see patients initially but (supervisory) back-up is available at all times through more senior residents and attendings.

B. At the first year residency level (PGY-1), more senior residents and the attending physician staff supervise the activities of the residents. These residents observe techniques as they assist the more senior residents. As the year progresses, they achieve more experience and skill, which allows them to act more independently. First call enhances this process.

C. During the second year (PGY-2), the residents encounter (outside) rotation experience. At this level they report directly to a senior resident. They will give more clinical input and make more clinical judgments at this point.

D. At the third year level (PGY-3), residents are regularly the senior people on call. The attending physicians rely on their clinical evaluations. Having sufficient experience whereby they have had to make appropriate and sound judgments concerning clinical problems expands their management skills

E. As senior (chief) residents, (some PGY-3), PGY-4 and PGY-5, the residents have sufficient case management experience and numbers of cases that they can direct their own clinical service. Even at this level support is given by attending physicians who consult in the clinics and supervise in all cases. The chief resident regularly reports to the Program Director and other faculty.
F. Inpatient Supervision

1. Daily rounds are made at which time residents present their cases to the attendings. Other types of rounds (teaching, etc...) are also made several times per week according to department schedules and policies.

2. All patients admitted and evaluated by a house officer must be discussed with the attending physician or their designated supervising attending physician at the time of admission. This discussion should include history, pertinent findings, tentative diagnosis, and the plan of action. The resident will document this discussion in their admission note and the attending will do likewise. The attending will, with the resident, plan the patient's hospital and discharge management.

3. Attendings and residents will discuss patients' treatment and progress daily. If the patient is seen jointly, the attending may co-sign the resident's note, or if seen separately, there must be documentation of that discussion in the note.

4. Attending physicians, or their covering designee, will examine patients and document an admission note within twenty-four (24) hours after admission.

G. Outpatient Supervision

1. PGY-1 residents must review all patient visits, both initial and return, with a preceptor before the patient leaves the facility.

2. PGY-2 residents must review any complicated new patient, all patients considered for extensive laboratory
testing, hospitalization, or consultation before the patient leaves the facility.

3. PGY-3 and PGY-4 residents must consult with preceptors on all patients for whom hospitalization is contemplated, or in any situation in which there is question of diagnosis or treatment, if the diagnosis is unclear after diagnostic studies have been performed, or if the patient has not responded as expected to a plan of treatment.

H. Procedures

1. A preceptor, with privileges for that procedure, must be present when a resident performs procedures, unless the resident is adequately trained for independent practice of that procedure, as delineated by Departmental guidelines. Departmental directors may develop privileging guidelines for commonly performed procedures as residents demonstrate competence in that procedure.

2. In all resident care cases, the ultimate responsibility rests with the attending physician, who supervises all resident activities.

3. The requirements for on-site supervision are established for and by each department in accordance with sub-specialty guidelines.

4. It is the responsibility of each Program Director to establish detailed written policies for supervision in their respective program. All departmental policies must be reviewed and approved by the Graduate Medical Education Committee.
USMLE Requirements

I. Purpose
To establish a USMLE policy for all post-graduate training programs at Union Memorial Hospital to use in the promotion and appointment of house officers.

II. Scope
This policy will apply to all post-graduate training programs at Union Memorial Hospital. All information contained in this policy shall be used as minimum criteria. More detailed USMLE criteria may be delineated by each clinical department in its respective Departmental USMLE Policy.

III. Definitions
House Staff or House Officer – refers to all interns, residents and fellows participating in a MedStar Hospital post-graduate training program.

Post-Graduate Training Program – refers to a residency or fellowship educational program.

USMLE – refers to the United State Medical Licensing Examination.

IV. Responsibilities/Requirements
USMLE Steps 1 and 2:
A All applicants for positions in a post-graduate training program at Union Memorial Hospital must have taken and passed Step 1 of the USMLE prior to their first day of employment in the training program.
B. Failure of an applicant to pass Steps 1 of the USMLE by their contracted start date will null and void any letters of offer and/or employment contracts issued by the MedStar hospital.

C. Residents must pass USMLE Step 2 by the end of the first (internship) year.

D. If USMLE Step 2 has not been passed by the end of a resident’s first year of training every attempt will be made to appropriately extend his/her PGY-1 contract to allow for successful completion of Step 2. The length of extension will be at the discretion of the program director.

E. If the Program Director elects to extend the house officer’s contract pending satisfactory completion of the USMLE Step 2 requirements, he/she should issue a Letter of Deficiency to the house officer pursuant to the Academic Improvement Policy.

F. Applicants who have not passed Steps 1 and 2 of the USMLE will not be accepted in transfer from other residency programs.

**USMLE Step 3:**

A. All residents enrolled in a post-graduate training program in a Union Memorial Hospital program must take and pass USMLE Step 3 by the end of their second year of training, or within seven years of taking Step 1 (See D below)

B. If USMLE Step 3 has not been passed by the end of a resident’s second year of training every attempt will be
made to appropriately extend his/her PGY-2 contract to allow for successful completion of Step 3. The length of extension will be at the discretion of the program director.

C. If the Program Director elects to extend the house officer’s contract pending satisfactory completion of the USMLE Step 3 requirements, he/she should issue a Letter of Deficiency to the house officer pursuant to the Academic Improvement Policy.

D. USMLE Steps 1, 2 and 3 must all be taken and passed within a seven year time period.

1. Due to non-traditional training cycles and/or off-cycle training, some residents may be required to adhere to stricter time requirements than listed above in order to comply with the seven year provision.

2. If a house officer does not pass all three steps of USMLE within the seven year period, regardless of their PGY-level, they may be dismissed from the resident program, pursuant to the Academic Improvement Policy.
Conduct and Disciplinary Action

Academic Improvement Policy

I. Purpose
To establish a policy and process for all programs at the Union Memorial Hospital-MedStar Health Hospital to use in the normal process of evaluating and assessing competence and progress of house staff enrolled in programs of post-graduate medical education. Specifically, this policy will address the process to be utilized when a resident/fellow is not meeting the academic expectations of a program, and therefore, fails to progress.

II. Scope
This policy applies to all Graduate Medical Education (GME) training programs at Union Memorial Hospital.

III. Definitions
House Staff or House Officer – refers to all interns, residents and fellows participating in a program of post-graduate medical education.

Post-Graduate Training Program – refers to a residency or fellowship educational program.

IV. Process
A. Structured Feedback: All residents and fellows should be provided routine feedback that is consistent with the educational program. Feedback techniques include verbal feedback, rotational evaluations and summative evaluations (See Evaluation Policy). Each residency program must
have a Clinical Competency Committee ("CCC")\(^1\), which is charged with routinely assessing house officer performance.

B. "Letter of Deficiency": When a house officer has been identified as having a deficiency, it is expected that s/he will receive routine structured feedback in order to identify and correct the issue. When the program director/CCC deems that routine structured feedback is not effecting the necessary improvement, or if the Program Director/CCC determines that the deficiency is significant enough to warrant something more than routine feedback, the Program Director/CCC may elect to issue a “Letter of Deficiency.” This letter provides the House Officer with (a) notice of the deficiency and (b) an opportunity to cure the deficiency. “Letters of Deficiency” must be co-signed by the Program Director (or Designee) and the Administrative Director of Medical Education. The issuance of a “Letter of Deficiency” does not trigger a report to any outside agencies. The Program Director will provide the house officer with feedback consistent with the letter of deficiency. If, the house officer satisfactorily resolves the deficiency(ies) noted in the Letter of Deficiency, and continues to perform acceptably thereafter,

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\(^1\) The Clinical Competency Committee may be referred to as the "Progress and Promotions Committee" or other terminology. This is a departmental committee that consists of the faculty and others as deemed appropriate by the department. This committee should meet regularly to assess resident/fellow performance and make recommendations to the program director regarding further action.
the period of unacceptable academic performance does not affect the house officer's intended career development.

C. Failure to Cure the Deficiency: If the Program Director/CCC determines that the house officer has failed to satisfactorily cure the deficiency and/or improve his/her overall performance to an acceptable level, the Program Director/CCC may elect to take further action, which may include one or more of the following steps:

1. Issuance of a new Letter of Deficiency
2. Election not to promote to the next PGY level
3. Requiring the repeat of a rotation that in turn extends the required period of training
4. Extension of contract, which may include extension of the defined training period
5. Denial of credit for previously completed rotations
6. Dismissal from the residency or fellowship program

D. Reportable Actions: The decision not to promote a house officer to the next PGY Level, to extend a house officer’s contract, to extend a house officer’s defined period of training, to deny a house officer credit for a previously completed rotation which results in an extension in training, and/or to terminate the house officer’s participation in a residency or fellowship program are each considered “reportable actions.” Reportable Actions are those actions that the Program must disclose to others upon request, including without limitation, future employers, privileging hospitals, and licensing and specialty boards. House Officers who are subject to a Reportable Action may request a review of the decision as provided in this Policy.
E. **Request for Review:** A review of the decision to take a Reportable Action may be requested by the house officer. A Request for Review should be submitted to the Administrative Director of Medical Education within fourteen (14) days of learning of the Reportable Action. Upon receipt of a Request for Review, the Administrative Director will first determine whether the matter is reviewable under this Policy, and if so, the Administrative Director shall appoint a neutral physician reviewer who will:

1. Review the complaint
2. Meet with the house officer
3. Review the house officer’s file
4. Meet with the program director
5. Consider any extenuating circumstances
6. Consult with others, as appropriate, to assist in the decision making process; and
7. Determine whether this Policy was followed, the house officer received notice and an opportunity to cure, and the decision to take the Reportable Action was reasonably made.

The Administrative Director of Medical Education will:

1. Appoint the physician reviewer
2. Assist the physician reviewer to identify other potential participants, if warranted
3. Attend all meetings held by the physician reviewer
4. Coordinate communications between the physician reviewer and the house officer
CONDUCT AND DISCIPLINARY ACTION 3.5

5. Monitor timely completion of the review process
6. Notify the Vice President of Medical Affairs of the request for review

E. Opportunity for a Final Review: If either the house officer or the program director disagree with the decision of the physician reviewer, either can request a final review of the decision to take a Reportable Action by the Vice President for Medical Affairs (VPMA). A request for final review shall be submitted to the Assistant Vice President for Academic Affairs within fourteen (14) days of learning of the Physician Reviewer’s decision. The VPMA will conduct a final review in conjunction with the Assistant Vice President for Academic Affairs. The roles of these individuals and the process are the same as described in the “Request for Review” above. The decision of the VPMA constitutes a final and binding decision. Upon conclusion of the review, a report of the final review will be provided to both the house officer and the program director.

Due Process Policy

I. Purpose
To establish a policy for all post-graduate training programs within the Union Memorial Hospital to use in reviewing all actions resulting in dismissal or otherwise altering the intended career path of the house officer.

II. Scope
This policy will apply to all house officers who participate in a graduate medical education (GME) training program
3.6 CONDUCT AND DISCIPLINARY ACTION

within Union Memorial Hospital. Due Process, as described within, applies to actions that are taken as a result of academic deficiencies or misconduct (see related Academic Improvement Policy and House Officer Misconduct policy).

III. Definitions

House Staff or House Officer – refers to all interns, residents and fellows enrolled in a post-graduate training program.

Graduate Training Program – refers to a residency or fellowship educational program.

Dismissal – The act of terminating a house officer’s participation in a training program prior to the successful completion of the course of training, whether by early termination of a contract or by non-renewal of a contract.

IV. Academic Matters
A. The Hospital’s Academic Improvement Policy affords due process to house officers who are dismissed from a residency program or whose intended career development is altered by an academic decision of a program. See Academic Improvement Policy for delineation of the specific processes available to a house officer to challenge an academic decision made by his/her Department.

V. Misconduct Matters
A. The Hospital’s House Officer Misconduct Policy affords due process to house officers who are disciplined or dismissed from a residency program in a manner that alters
their intended career development. See House Officer Misconduct Policy for delineation of the specific processes available to a house officer to challenge discharge or discipline decisions based on alleged misconduct by a house officer.

**Grievance Policy**

**I. Purpose**
To establish a policy for all graduate training programs within Union Memorial Hospital for resolution of house officers’ complaints and grievances.

**II. Scope**
This policy will apply to all house officers who participate in a graduate medical education (GME) training program within Union Memorial Hospital. This policy does not apply to actions arising out of the Academic Improvement Policy or the House Officer Misconduct Policy.

**III. Definitions**
House Staff or House Officer – refers to all interns, residents and fellows participating in a post-graduate training program.

Post-Graduate Training Program – refers to a residency or fellowship educational program.

Grievance – a cause of distress (such as an unsatisfactory working condition) felt to afford reason for complaint or resistance.
IV. Responsibilities/Requirements:
A. Grievances must be dealt with in a confidential manner, and without fear of retaliation. Incidents should be reported directly to the house officer in charge at the time of the incident.

B. If the house officer in charge is unable to rectify the situation, the attending on the team should be consulted.

C. For an incident that is not resolved as stated above or that is not associated with a particular incident on a patient unit, house officer should proceed directly to their Chief Resident.

D. If the house officer does not feel as though the Chief Resident has effectively resolved the issue, he/she should take the problem to the Program Director for resolution.

E. If satisfactory resolution is still not apparent after the Program Director has become involved, then the house officer should provide a written grievance report directly to the Director of Medical Education outlining the issue. This report should describe the involvement of the Chief Resident and the Program Director.

F. The Director of Medical Education will review the written grievance report to ensure that all of the appropriate steps, as indicated above, were followed. A grievance committee will then be formed consisting of, at least, the following individuals:
   1. The grievant’s Program Director
   2. Director of Medical Education (or designee)
   3. AVP of Academic Affairs (or designee)
4. A resident not involved with the situation
5. Any other department representative deemed necessary by management to perform a reasonable investigation and decision-making process

G. Upon hearing the grievance, the committee will investigate all issues associated with the complaint and will provide a final written decision to the house officer.

H. All proceedings and decisions of the grievance committee shall be reported to the Graduate Medical Education Committee and the applicable program director in a confidential manner.

Harassment Policy
Union Memorial Hospital is committed to providing a work environment that is free of discrimination and unlawful harassment. Actions, words, jokes, or comments based on an individual’s sex, race, ethnicity, age, religion, or any other legally protected characteristic will not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of employee misconduct that is demeaning to another person, undermines the integrity of the employment relationship, and is strictly prohibited.

Any employee who wants to report an incident of sexual or other unlawful harassment should promptly report the matter to his or her supervisor. If the supervisor is unavailable or the employee believes it would be inappropriate to contact the person, the employee should immediately contact the Office of Graduate Medical Education or any
member of management. Employees can raise concerns and make reports without fear of reprisal.

Any supervisor or manager who becomes aware of possible sexual or other unlawful harassment should promptly advise the Office of Graduate Medical Education or any member of management who will handle the matter in a timely and confidential manner.

Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment.

**Misconduct Policy**

**I. Purpose**
To establish a policy and process for all programs at the Union Memorial Hospital- MedStar Health Hospital to use when allegations of misconduct are made against a house staff officer.

**II. Scope**
This policy applies to all Graduate Medical Education (GME) training programs at Union Memorial Hospital.

**III. Definitions**
House Staff or House Officer – refers to all interns, residents and fellows participating in a program of post-graduate medical education

Post-Graduate Training Program – refers to a residency or fellowship educational program
CONDUCT AND DISCIPLINARY ACTION 3.11

Misconduct – Improper behavior; Intentional wrongdoing; Violation of a law, standard of practice, or policy of the program, department, or hospital. Misconduct may also constitute unprofessional behavior, which may trigger action under the Academic Improvement Policy. These actions may proceed simultaneously.

IV. Process
A. Allegations of Misconduct: A house officer, employee of the Hospital, attending physician, patient, or any other person who believes that a house officer has engaged in misconduct of any kind should immediately report his/her concerns to his/her supervisor, or any other supervisor in the Hospital, who in turn should communicate the allegations to the house officer’s Program Director.

B. Upon receipt of a complaint regarding the conduct of a house officer, the Program Director should conduct an initial inquiry, as follows:
   1. Meet with the person complaining of misconduct.
   2. Meet with the house officer to advise the house officer of the existence of the complaint, to give the house officer an opportunity to respond to the allegations, and to identify any potential witnesses to the alleged misconduct.
   3. Consult with the Administrative Director of GME to determine whether the VPMA, Department Chairman, Legal Affairs and/or Human Resources should be contacted as appropriate based on the issues and the people involved.
   4. Upon request of the house officer, or if the Program
3.12 CONDUCT AND DISCIPLINARY ACTION

Director, GME Director, VPMA, or Human Resources decide the incident warrants more investigation, then a “Full Inquiry” must be done.

5. All allegations of sexual harassment will be reported immediately to Human Resources in accordance with the Hospital’s policy against harassment.

6. Upon consensus of the Program Director and GME, the accused house staff officer can be removed from duty (with or without pay) pending the outcome of a full inquiry.

C. **Full Inquiry:** A full inquiry is an internal investigation of the allegation/incident by appropriate individuals, which may include GME, the Program Director, the Department Chairman, Human Resources, Legal, or others. The inquiry process is administered by the Administrative Director of GME. Factual results of the inquiry will be prepared by the GME Director and/or other responsible individuals and reported back to the program director and the house officer for appropriate action.

1. If the full inquiry results in a finding that no misconduct occurred, no action will be taken against the house officer. If the house officer was suspended pending the inquiry, the house officer will be reinstated with full benefits and pay.

D. If the full inquiry results in a finding that a house officer participated in misconduct, the Program Director shall determine, in conjunction with the VPMA, Department Chair, GME, Human Resources, Legal, or other appropriate individuals, what action is appropriate under all the
circumstances, to remedy the situation. The Program may take actions including, without limitation, the following:

1. A verbal or written warning
2. Election to not promote to the next PGY level
3. Non-renewal of contract
4. Suspension
5. Termination from the residency or fellowship program

E. Reportable Actions: The decision not to promote a house officer to the next PGY Level, not to renew a house officer’s contract, to suspend a house officer, and/or to terminate the house officer’s participation in a residency or fellowship program are each considered “reportable actions.” Reportable Actions are those actions that the Program must disclose to others upon request, including without limitation, future employers, privileging hospitals, and licensing and specialty boards. House Officers who are subject to a Reportable Action may request a review of the decision as provided in this Policy.

F. Request for Review: A review of the decision to take a Reportable Action may be requested by the house officer. A Request for Review should be submitted to the Administrative Director of Medical Education within fourteen (14) days of learning of the Reportable Action. Upon receipt of a Request for Review, the Administrative Director will first determine whether the matter is reviewable under this Policy, and if so, the Administrative Director shall advise the VPMA who will:
3.14 **CONDUCT AND DISCIPLINARY ACTION**

1. Review the complaint
2. Meet with the house officer
3. Review the house officer’s file
4. Meet with the program director
5. Consider any extenuating circumstances
6. Consult with others, as appropriate, to assist in the decision making process; and
7. Determine whether this Policy was followed, the house officer received notice and an opportunity to be heard, and the decision to take the Reportable Action was reasonably made.

The Assistant Vice President for Academic Affairs and/or the Administrative Director of Medical Education will:

1. Advise the VPMA of the request for review
2. Assist the VPMA to identify other potential participants, if warranted
3. Attend all meetings held by the VPMA
4. Coordinate communications between the VPMA and the house officer
5. Monitor timely completion of the review process

The decision resulting from this review is a final and binding decision. A written report will be provided to the resident and the program director, and others as appropriate.

**V. No Retaliation:**

Initial and full inquiries will be conducted with due regard for confidentiality to the extent practicable. Under no circumstances may anyone retaliate against, interfere with or
discourage anyone from participating in good faith in an initial inquiry or a full inquiry conducted under this policy. A house staff officer who believes he/she may have been retaliated against in violation of this policy should immediately report it to their supervisor, the Administrative Director of GME, or any other supervisor.

Physician Impairment Policy

I. Purpose
The Medical Staff of Union Memorial Hospital is committed to maintaining a safe, healthful and efficient environment which enhances the welfare of health care practitioners credentialed by Union Memorial Hospital, employees, patients, visitors, and the community. This policy is intended as a guide when health care providers appear to have performance problems that could be attributed to impairment.

II. Scope
This policy will pertain to all house officers.

III. Definitions
Impairment - a condition adversely affecting patient care at the hospital, including, but not limited to, the misuse of drugs and alcohol.

House Staff or House Officer - refers to all interns, residents and fellows enrolled in a MedStar Hospital postgraduate training program.
IV. Procedure

A. General principles related to a potentially impaired practitioner include the following:

1. Concerns about a potentially impaired practitioner should be brought to the immediate attention of the on-site supervisor (alternate: nearest supervisor) of the area. This supervisor is responsible for:
   a) Gathering essential facts about the nature of the complaint and observing the actions of the practitioner
   b) Documenting the practitioner's present condition
   c) Mandatory notification of the concerns to the department Chairman or their immediate designee if the Chairman is not available.
   d) Helping the practitioner become aware of their impairment

2. The Chairman must conduct an immediate evaluation in order to assure:
   a) Patient, employee and visitor safety
   b) The practitioner of concern has an opportunity to document the absence of any substance causing impairment
   c) Adequate review of the situation to determine appropriateness of ongoing patient care responsibilities
   d) Evaluation is kept confidential as the situation allows
3. Investigation by the Chairman shall be documented with a prompt oral and a subsequent written confidential peer review report to the Chair of the Risk Management Committee (Alternate: VPMA or President and/or Director of Risk Management):

a) The review should include description of the incident or issues that led to the concern that the practitioner may be impaired.

b) The review must be factual and thorough.

c) The reviewer does not need to furnish proof of the impairment, but must state the facts leading to the suspicions.

4. If the Chair does not believe that any of the aforementioned characteristics/behaviors are present, he should document findings and report conclusions to the Risk Management Committee. If the Chair confirms the presence of any of the characteristics/behaviors, he will conduct a thorough review.

5. Following investigation, the Chair will review his findings with the VPMA, the President of the Hospital and the President of the Medical Staff. Other individuals may be consulted as needed or advised, such as legal counsel, the Director of Human Resources or other chairmen and/or practitioners as appropriate.

6. If there is not enough information to make a determination, the President of the Hospital may direct an investigation, which would include the President of the Medical Staff, a committee of the medical staff, an out-
CONDUCT AND DISCIPLINARY ACTION

side consultant or other appropriate individual under the circumstances.

7. If, after investigation, sufficient evidence exists that the practitioner is deemed impaired, the Chairman and members noted in paragraph IV.6 will meet with the practitioner. It will be the expectation that the individual will acknowledge the impairment, be accountable for his/her behavior, and follow through with appropriate and prescribed interventions.

V. Considerations

A. If there are issues concerning the appropriate domain for review of a practitioner, the Chair, President of the Medical Staff and Hospital President with the advice of counsel will determine the appropriate process/forum for review.

B. The organization has the responsibility to address concerns that are expressed through the Compliance Hot Line and through other leaders of the organization in addition to the formal Chain of Command.

C. To the extent possible, the confidentiality of all parties will be protected.
Termination/Dismissal of Employment

I. Purpose
To establish a policy for all post-graduate training programs within the MedStar Health System (Baltimore Division) for use in dismissal of house staff from a residency program, and the corresponding the termination of house staff employment prior to the date of contract expiration.

II. Scope
This policy will apply to all house staff in the MedStar Health System (Baltimore Division). All information contained in this policy shall be read in conjunction with the house staff agreement.

III. Definitions
House Staff or House Officer – refers to all interns, residents and fellows enrolled in a Washington Hospital Center post-graduate training program.

Dismissal – refers to the termination of participation in a residency or fellowship training program at the election of the program prior to the completion of the academic course of study.

Termination – the act of severing employment prior to the date of expiration of the house officer’s contract or the non-renewal of a house officer’s contract prior to the completion of an academic course of study at the election of either party to the contract.

IV. Responsibilities/Requirements
A. Withdrawal or dismissal from a house officer’s academic
program prior to the completion of an academic course of study may be done at either the discretion of the house officer or the hospital, or at the mutual agreement of the house officer and the hospital.

B. Resignation
   1. If the house officer desires to withdraw from his or her program, the house officer must submit a letter of resignation to the Program Director, at least 30 days in advance, stating the reason for the action. The 30 days' notice may be waived, in whole or in part, at the discretion of the Program Director.
   2. An exit interview may be requested by the Program Director and/or the Director of Medical Education/VPMA (or designee).

C. Dismissal
   1. The Hospital may elect to dismiss a house officer from enrollment in a program prior to the established completion date due to:
      a) Academic Failure to Progress
      b) Misconduct
      c) Abandonment of position/employment
      d) Any other reason set forth in the house staff agreement.
   2. The decision to dismiss should be made consistent with other applicable GME policies, such as the “Academic Improvement Policy” or the “House Officer Misconduct” Policy.
   3. When a house officer is informed of dismissal,
he/she has the right to request due process as delineated in the “Due Process” policy.

D. Non Renewal of Contract:

1. A program director may elect not to renew a house officer's contract (i.e., deny promotion to the next level of education) consistent with the Academic Improvement Policy or House Staff Misconduct Policy.
2. Non-renewal of contract is an action that allows the resident to request due process (See policy for “Academic Improvement” and “House Staff Misconduct”).
3. The Office of Graduate Medical Education should be notified immediately upon the Program Director's decision to not renew an employment contract.
4. Consistent with the Promotion Policy, house officers must be notified by February 1 of each academic year whether the house officer is then on-track to be promoted to the next educational level of training. If the program cannot confirm that a house officer is on track for promotion by February 1 of the academic year, then the house officer should be notified that the decision is being held until a specific future date, and the reason for holding on the decision (i.e., academic concerns, pending evaluations, scores, etc…).
5. Even if a house officer is notified of the program's intent to promote as specified above, if circumstances warrant, the program may reverse its decision and elect not to promote or to dismiss a house officer in accordance with other provisions of this policy.
3.22 CONDUCT AND DISCIPLINARY ACTION
Compensation and Benefits

House officers at Union Memorial Hospital are provided a wide range of benefits. A number of the programs (such as Social Security, workers’ compensation, and unemployment insurance) cover all employees in the manner prescribed by law.

The following benefits are available to eligible employees:

- Computer, E-mail, and SMS Usage
- Credit Union
- Days Away
- Employee Assistance Program
- Loans
- Family Medical Leave
- Insurance Plans
- Disability Insurance
- Malpractice/Liability Insurance
- On-Call Meals
- On-Call Quarters/Lounge
- Parking
- Stipends/Paychecks

Some benefit programs require contributions from the employee, but most are fully paid by Union Memorial Hospital.
4.2 COMPENSATION

Computer, E-mail Usage
Computers, computer files, the e-mail system, and software furnished to employees are Union Memorial Hospital property intended for business use. Employees should not use a password, access a file, or retrieve any stored communication without authorization. To ensure compliance with this policy, computer and e-mail usage may be monitored.

Union Memorial Hospital strives to maintain a workplace free of harassment and sensitive to the diversity of its employees. Therefore, Union Memorial Hospital prohibits the use of computers and the e-mail system in ways that are disruptive, offensive to others, or harmful to morale.

E-mail may not be used to solicit others for commercial ventures, religious or political causes, outside organizations, or other non-business matters.

House officers should notify their Program Director, Director of Medical Education or any member of management upon learning of violations of this policy. Employees who violate this policy will be subject to disciplinary action, up to and including termination of employment.

Credit Union
The credit union is located on the 1st floor of the 33rd street building. Residents are encouraged to contact the credit union staff at x-2217 for information on savings/checking accounts, loans, and other valuable services.
Days Away
House staff receives a maximum of four weeks off work per year. Time away includes holidays and sick time. Note: Time away does not roll-over into the next academic year; unused time expires on June 30 of each year.

Educational Fund Policy
I. Purpose
To establish a policy for all graduate training programs within Union Memorial Hospital to provide funding for educational travel expenses, including travel for research presentations, and books.

II. Scope
This policy will apply to all house staff who participate in a graduate medical education (GME) training program within Union Memorial Hospital.

III. Definitions
House Staff or House Officer – refers to all interns, residents and fellows participating in a graduate training program.

Graduate Training Program – refers to a residency or fellowship educational program.

IV. Responsibilities/Requirements
A. A minimum total of $1000.00 per categorical post-graduate year will be available to each House Officer for the duration of their training for educational travel and/or the purchase of medical education material.
4.4 COMPENSATION

of $500.00 per preliminary post-graduate year will be available for educational travel and/or the purchase of medical education material.

Funds are reimbursable and may be used with approval of the program director for purchases related to medical education such as:

• Text books
• Subscriptions to medical journals and/or medical societies
• Medical software
• Travel for purposes of a Board Review Course or research presentations
• Maximum allowance of $300.00 toward the purchase of a hand held computer during the course of training
• Maximum allowance of $500.00 toward the purchase of a personal computer during the first or second year of training.

See your department policy for additional information.

B. All requests for funds must be approved, prior to submission for reimbursement, by the program director, and according to the department policy.

C. Each Residency Office will be responsible for tracking funds used by house staff. House staff may contact their program coordinator to determine their remaining balances.
D. Travel Allowance:

1. A Request for Use of House Staff Travel/Book Fund Form must be completed and approved by the program director at least one month prior to travel.

2. When the travel fund request has been approved, written confirmation, indicating the total reimbursable amount will be sent to the requestor by their program coordinator.

Reimbursement will be made for the following items ONLY:

• Registration fee
• Roundtrip coach airfare
• Hotel accommodations
• Meals
• Roundtrip transportation to and from the airport
• Airport parking fees (for personal car)
• Personal mileage (if applicable)

3. Within one week of return, a completed travel expense voucher and original receipts must be submitted to the Residency Office.

4. The Residency Office will verify all expenses and complete a check request for reimbursement.

5. Check requests are processed by the Central Business Office. Reimbursement checks will be mailed directly to the house officer’s home address. House officers should allow approximately 2 weeks for processing.

6. See Department policy for additional details.
4.6 COMPENSATION

E. Book Allowance:
   1. A *Request for Use of House Staff Travel/Book Fund Form* must be completed, approved by the program director prior to reimbursement.
   2. In order to be reimbursed for a book, a receipt must be attached to the request.
   3. All shipping and handling fees for delivery of books or other educational devices will be deducted from the house staff member's travel/book fund.
   4. See Department policy for additional details.

F. Other educational expenses to include information technology such as PDAs, personal computers and CD ROM's, must be approved by the program director in advance. A receipt must be submitted with the request for reimbursement.
   1. See Department policy for additional details.

**Employee Assistance Program**

Union Memorial Hospital provides professional counseling assistance to all employees, including house officers, at no cost. Services provided include:
- Family or Personal Problems
- Relationships or Divorce
- Emotional Problems (depression, anxiety, etc.)
- Substance Abuse
- Stress

Employees may contact Human Resources at x-7229 for additional information.
Family Medical Leave

Union Memorial Hospital provides family medical leave without pay to house officers who wish to take time off from work for the following reasons:

- Birth of a son or daughter and to care for the newborn of the employee;
- Placement with the employee of a son or daughter for adoption or foster care;
- Care for the employee’s spouse, son, daughter or parent with a serious health condition; and or
- Serious health condition that makes the employee unable to perform the functions of the employee’s job.

For the purposes of these rules, “serious health condition” means an illness, injury, impairment, or physical or mental condition that involves:

- Any period of incapacity or treatment in connection with or consequent to inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility;
- Any period of incapacity requiring absence from work, school, or other regular daily activities, of more than (3) three calendar days, that also involves continuing treatment by (or under the supervision of) a health care provider or
- Continuing treatment by (or under the supervision of) a health care provider for a chronic or long-term health condition that is incurable or so that, if not treated, would likely result in a period of incapacity of more than (3) three calendar days; or for prenatal care.
4.8 COMPENSATION

House officers should make requests for family leave to their supervisors at least 30 days in advance of foreseeable events and as soon as possible for unforeseeable events and make an appointment with Occupational Health to obtain the appropriate leave of absence forms and information.

In the event that a family medical leave is prolonged, the training period may need to be extended in order to fulfill the department’s specialty boards or state licensing board’s requirements.

Laundry/Linen Room
The laundry/linen room is located in Suite 118 of the main hospital. Please call x-5570 for additional information.

Loan Deferment
All applications for Loan Deferment must be submitted to the Residency Office for processing.

Loans
I. Purpose
To establish an institutional policy for all house staff in the Union Memorial Hospital outlining guidelines for interest free loans.

II. Definitions
House Staff or House Officer – refers to all interns,
residents and fellows participating in a Union Memorial Hospital graduate training program.

Graduate Training Program – refers to a residency or fellowship educational program.

Automatic Payroll Deduction – A process by which money is directly subtracted from the paycheck.

Outstanding Loan – Funds that are owed to the Office of Graduate Medical Education for a loan. Each resident/fellow may have a maximum of one outstanding loan at any given time not to exceed $1,000.00.

III. Responsibilities/Requirements

An Application for House Staff Loan form must be completed by the requesting resident/fellow and delivered to the Office of Graduate Medical Education (GME). If the resident/fellow does not have an outstanding loan with the GME Office, the request normally will be approved. The Application for House Staff Loan will be:

1. Faxed to the Payroll Department to begin automatic payroll deduction. The maximum amount to be deducted from each paycheck will be designated by the resident/fellow on the application form. The minimum deduction is $25.00 per pay period. The Payroll office will begin automatic payroll deduction, and will ensure that payroll deductions end when the balance due has been paid in full.

B. House staff are required to pay any balance due on a loan prior to completing their educational program or in the event of termination; any outstanding balance that has
not been repaid will be deducted automatically from the last paycheck. If the balance due exceeds monies available in the last paycheck, the resident/fellow will be required to pay the balance upon exit from residency program.

The Application for House Staff Loan form is available in the GME Office.

Insurance Plans

Life Insurance:
Basic Life Insurance and Basic AD&D Insurance equal to one times your annual base salary is provided to all house staff by the hospital. Additional insurance can be purchased at a low cost.

Medical, Dental and Vision Insurance
Union Memorial Hospital’s health insurance plan provides all house officers and their dependents access to medical, dental and vision insurance benefits. Eligible employees may participate in the health insurance plan subject to all terms and conditions of the agreement between Union Memorial Hospital and the insurance carrier.

Details of the health insurance plans are described in the Summary Plan Description (SPD). An SPD and information on cost of coverage will be provided in advance of enrollment to eligible employees. Contact the Human Resource Department for more information about health insurance benefits.
COBRA:
A change in employment classification that would result in loss of eligibility to participate in the health insurance plan may qualify an employee for benefits continuation under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Disability Insurance

Long-Term Disability
Union Memorial Hospital center provides long-term disability (LTD) benefits to help house officers cope with an illness or injury that results in a long-term absence from employment. LTD is designed to ensure a continuing income for employees who are disabled and unable to work.

House officers are offered an expanded LTD plan at no cost during the training period. This insurance coverage is portable; that is, house staff may continue the coverage in effect by assuming payment of the premium upon completion of the training program.

Short-Term Disability
Union Memorial Hospital provides short-term disability (STD) benefits to all house officers who are unable to work due to a non-work related injury or illness. Eligible employees may participate in the STD plan subject to all terms and conditions of the agreement between Union Memorial Hospital and the insurance carrier.
Disabilities arising from pregnancy or pregnancy-related illness are treated the same as any other illness that prevents an employee from working. Disabilities covered by workers’ compensation are excluded from STD coverage.

Details of the STD benefits plan including benefit amounts, when they are payable, and limitations, restrictions, and other exclusions are described in the Summary Plan Description provided to eligible employees. Contact the Human Resources Department for more information on STD benefits.

**Malpractice Liability Coverage**

The Union Memorial Hospital, its employees, residents and employed physicians are all covered for malpractice liability through an insurance captive. A captive is a form of self-insurance in which a group of like entities or businesses band together to provide insurance coverage for all participating parties. There may be a single owner or multiple owners of a captive. In our case, the captive owner is MedStar Health. The captive insurance company’s name is Greenspring Financial Insurance Limited (GFIL) and all MedStar hospitals, house officers and employees are covered for malpractice liability under the captive. The limits of liability coverage are $1,000,000 per incident or $3,000,000 annual aggregate meaning $3,000,000 coverage for all incidents, which occur, in a single year. In certain instances, additional insurance coverage is available through a commercial policy, which MedStar maintains with an excess insurance carrier.
On-Call Meals/Cafeteria
Residents receive $60 per month in meal coupons worth $1 each which may be used in the Cafeteria (still eligible for employee discount with coupons), at the coffee bar, or at Subway; you will not receive change at the Cafeteria but you will receive change at Subway. To supplement or provide alternative for those unable to get to the cafeteria during regular hours (ex. Overnight call), the Resident Lounge is stocked with a limited amount of beverages and snacks.

On-Call Quarters/Lounge
The house officer’s lounge is located on the first floor of the hospital near the cafeteria. House staff can access the lounge by swiping their ID badge. Doors to the lounge must remain locked at all times. Pharmaceutical representatives are not allowed in the lounge.

Parking
Union Memorial Hospital provides free parking to all house officers. House officers are expected to purchase a windshield parking sticker for Garage B from the parking office; this is available for a one-time fee of $20. Upon completion of the training program, the parking sticker must be returned to Security.
Security
The Security Department at Union Memorial Hospital is committed to providing a safe and secure working environment for all employees. House officers should contact Security immediately on x-2677 (or COPS) to report any suspicious activity. In the event that any house officer is involved in a security-related incident, please report it immediately to both Security and your Program Director.

Smoking
In keeping with Union Memorial Hospital’s intent to provide a safe and healthful work environment, smoking in the workplace is prohibited. Smoking is prohibited on all campus grounds including all buildings, including leased and owned space, both on or off campus, on all roofs, all entrance and exit ways, ramps and delivery docks, Garages A and B, Off-Site Garage, personal and hospital vehicles which are parked in Garages A, B and the Off-Site Garage and on all grounds and sidewalks surrounding Union Memorial Hospital campus. Employees found smoking on hospital grounds will be asked to extinguish their tobacco product immediately. A citation will be issued to repeat offenders or to those who refuse to extinguish. Any Union Memorial Hospital employee who is observed using tobacco products on campus is subject to corrective action, as outlined in the Hospital policy.
SMS Network Security Violation Policy

I. Purpose
To establish a policy for all graduate-training programs within Union Memorial Hospital outlining security precautions as related to Information Systems.

II. Scope
This policy will apply to all house officers who participate in a graduate medical education (GME) training program within Union Memorial Hospital.

III. Definitions
House Staff or House Officer - refers to all interns, residents and fellows participating in a Union Memorial Hospital graduate-training program.

Graduate Training Program - refers to a residency or fellowship educational program.

IV. Responsibilities/Requirements
A. Each residency coordinator will provide their respective house officers with SMS paperwork and acknowledgement forms. Upon completion, the forms will be delivered to Information Systems.

B. House officers are assigned a user identification code and password for the SMS network. This information is generated by Information Systems and is monitored through their security officer.

C. Each house officer signs an acknowledgment statement agreeing to the following terms and conditions:
   1. Data in databases will be accurately entered and maintained.
2. Passwords will be kept confidential and not shared with others; each individual is responsible for notifying Information Systems if they believe confidentiality has been compromised.

3. Data, either hard copy or machine-readable, will not be provided to other individuals if it compromises patient confidentiality, financial, competitive, or legal well being of MedStar Health.

4. Data will not be provided to external organizations without prior approval of the data base owner.

This acknowledgment also states that violation of any of the above may involve disciplinary action up to and including termination. Copies of these forms are on file with the Information System security officer.

Violations of the signed agreement with Information Systems are communicated to the Director of Medical Education. The house officer will be subject to disciplinary action consistent with applicable hospital policies and procedures and the Medstar Code of Conduct, which can include termination. Termination of any house officer shall follow the Termination/Dismissal Policy.

**Stipends**

Union Memorial Hospital provides house officers with a stipend as compensation for patient care services and support for the educational responsibilities of the training program. The Graduate Medical Education Committee will
review the appropriate stipend level annually. The stipends for the 2009-2010 academic year are as follows:

<table>
<thead>
<tr>
<th>Year Level</th>
<th>Stipend (effective 7/1/2009)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY 1</td>
<td>$46,500</td>
</tr>
<tr>
<td>PGY 2</td>
<td>$47,303</td>
</tr>
<tr>
<td>PGY 3</td>
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<tr>
<td>PGY 4</td>
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<tr>
<td>PGY 5</td>
<td>$54,316</td>
</tr>
<tr>
<td>PGY 6</td>
<td>$57,157</td>
</tr>
<tr>
<td>PGY-7</td>
<td>$57,796</td>
</tr>
</tbody>
</table>

All house staff are paid biweekly on every other Friday. Each paycheck will include earnings for all work performed through the end of the previous payroll period. House staff may have their pay directly deposited into their bank accounts if they provide advance written authorization to Union Memorial Hospital. Employees will receive an itemized statement of wages when Union Memorial Hospital makes direct deposits.
4.18 COMPENSATION
Ancillary Services

House Staff Medical Records

I. Purpose:
To establish guidelines that adhere to JCAHO regulations for the timely and accurate completion of Medical Records for the house staff.

II. Scope:
This policy will apply to all house staff who participate in a graduate medical education (GME) training program at Union Memorial Hospital.

III. Definitions:
House Staff or House Officer- refers to all interns, residents and fellows participating in a MedStar Hospital post-graduate training program.

Post-Graduate training program- refers to a residency or fellowship educational program.

Affiliate Programs- for the purpose of this policy; external residency programs for which the Union Memorial Hospital is closely associated and has an existing affiliation agreement.

IV. Procedure:
A. All medical records must be completed with all information concerning a patient’s care, and all practitioner signatures within thirty (30) days of the date of discharge. A medical record which is not complete within thirty (30) days of discharge is “delinquent.”
5.2 ANCILLARY SERVICES

B. The Health Information Management Department will maintain and manage all medical records in the Medical Records Document Imaging (MRDI) system, which will identify the House Officer who is responsible for completion of any portion of the medical record.

C. Each House Officer is responsible for completion of his or her portion of the medical record on a timely basis. A House Officer wishing to complete his or her medical records can complete them on-line by accessing the MedStar Health Clinician Portal. The Health Information Management (HIM) Department also has computers available to the House Officers to complete their records. The HIM Department has MRDI training packets that can assist users on how to use the system. If assistance is needed with the MRDI system, please call (410) 554-2520.

D. A preliminary listing of House Officers subject to Administrative Action due to delinquent records will be produced on the Wednesday prior to the imposition of Administrative Action. The report is sent to the Chief of Staff, Vice President of Medical Affairs, Department Chiefs, and Administration.

E. If the medical record is not completed within 7 days after the notice of proposed Administrative Action, the House Officer may be placed on Administrative Action. The Administrative Action means that the House Officer will be suspended from clinical activities until the Administrative Action is removed. The House Officer will be notified of the Administrative Action by certified letter from the Chief of Staff.
F. When a House Officer on the Administrative Action list has completed his/her delinquent records the House Officer may resume all of his/her usual duties.

G. If a House Officer is repeatedly placed on Administrative Action, a letter of deficiency will be issued in compliance with our academic improvement and misconduct policies.

H. House Officers on vacation, an away rotation, or other type of leave must complete their medical records within three (3) day of going away and request to be placed “on hold” by calling the HIM Department at (410)554-2520. House Officers should complete a vacation notification form located on the MedStar Health Clinician Portal to alert Medical Records if they are taking vacation. This will avoid being placed on administrative action during this time period.

I. House Officers from affiliate programs will be required to meet the guidelines as set forth above. Affiliated sponsoring institutions will be notified of delinquent medical records, and will work in conjunction with the Office of GME to enforce these standards. House staff of affiliated programs are subject to suspension from clinical duty.

Library Policies and Procedures
The Medical Library is located on the 1st floor of the 33rd Street Building, 410.554.2294 and is open to all Hospital Staff and Patients and their families.

Staffed Hours: Monday-Friday, 8 AM - 4:30 PM
5.4 ANCILLARY SERVICES

Collection:
- Medical Books
- Medical Journals
- I C.A.R.E./Management Resources
- OCL, Online Clinical Library: http://library.medstar.net. Medline, Ovid, MD Consult, PubMed, Micromedex, CINAHL, STAT!Ref, Harrison's, SAM, ACS.
- Audiovisuals
- Computers
- Separate Patient/Family Library for consumer health.

Literature Searching:
1. A librarian performs searches within 48 hours of request. Please be aware that searches are for patient care/work-related research only. Searches cannot be performed for personal topics, such as school papers.

2. Four computers are available for you to do your own searches. Staff is always willing to help you learn to use Medline and the Internet.

3. Document delivery – The library can obtain references not owned by UMH. For your general information, the library has a limited budget for this service.

Authors' Day:
Every year the Library honors all UMH employees and physicians in all specialty areas who have authored a medical publication during the previous calendar year. Please send us your reference(s) when you publish.
Appendix

Disaster Policy

I. Purpose
To establish a policy for all post-graduate training programs within Union Memorial Hospital in the event of disaster or any interruption in patient care.

II. Scope
This policy will apply to all post-graduate training programs at Union Memorial Hospital

III. Definitions
House Staff or House Officer – refers to all interns, residents and fellows enrolled in a MedStar Hospital postgraduate training program.

Post-Graduate Training Program – refers to a residency or fellowship educational program, accredited by the ACGME, for purposes of clinical education.

IV. Responsibilities/Requirements
Union Memorial Hospital (hospital) is committed to its GME programs and residents. In order to protect and assist residents in the event of disaster or any interruption in training, the following policy is provided and supported by the institution.

1. The hospital will continue patient care and post-graduate training activities during a disaster, if at all possible
2. If a break in service does occur due to any natural
disaster or interruption in patient care, the hospital will review the situation to decide the best course of action.

3. Written notice will be given to all house staff in the event of an interruption in training.

4. If it is determined that postgraduate training must be discontinued for a period of time, the hospital will support resident transfer to another ACGME-accredited program to continue, and if necessary, complete training.

5. While it will be the residents’ responsibility to locate interested programs, the hospital will provide letters of support for their residents who require transfer to another institution. If available, evaluations and other employment documentation will be supplied upon request of the resident and/or receiving institution.

6. The hospital will work with the receiving institution to transfer associated cap positions, if applicable.

**Internal Review**

**I. Purpose**
To establish an institutional policy for internal reviews of all graduate medical education training programs sponsored by the Union Memorial Hospital.

**II. Scope**
This policy will apply to all graduate medical education (GME) training programs within Union Memorial Hospital.
III. Definitions
House Staff or House Officer - refers to all interns, residents and fellows participating in the hospital’s post-graduate training programs.

Graduate Training Program - refers to a residency or fellowship educational program.

Graduate Medical Education Committee - an organized, administrative, oversight system for residency training programs sponsored by an institution.

Internal Review - periodic quality assessment of all residency training programs.

IV. Procedure
A. The Graduate Medical Education Committee (GMEC) is responsible for the periodic review of all residency training programs, and assuring their compliance with institutional policies and program requirements as outlined in the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements.

B. The GMEC shall appointment a sub-committee to review each residency program. The committee will include a Chair, who will be a Director from another graduate training program, a House Staff member from another training program, and appropriate administrators. The GMEC may request on a case by case basis that additional internal or external individuals be part of the committee.

C. The internal review will include appraisal of:
   1. If each program has defined, in accordance with the
relevant Program Requirements, the specific knowledge, skills, and attitudes required and provides educational experiences for the residents to demonstrate competency in the following areas:

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal Skills and Communication
- Professionalism
- Systems-Based Practice

2. Evidence of the program’s use of evaluation tools to ensure that residents demonstrate competence in each of the six areas;

3. Use of dependable outcomes measures for each of the general competencies

4. Effectiveness of each program in implementing a process that links educational outcomes with program improvement;

5. Educational objectives of the program (as defined by respective Residency Review Committee (RRC) guidelines);

6. Adequacy of available educational and financial resources to meet the objectives;

7. Effectiveness of each program in meeting its objectives;

8. Effectiveness in addressing citations from previous ACGME letters of accreditation and previous internal reviews; and,
9. Effectiveness of faculty and resident education in the affects and signs of fatigue. And compliance with the details and philosophy of the ACGME Duty Hours requirements.

10. Annual program improvement efforts in:
   a. Resident performance using aggregated resident data
   b. faculty development
   c. graduate performance including performance of program graduates on the certification examination; and,
   d. program quality

D. Documentation to be used in the appraisal process must include:
   1. Institutional, Common and Program Requirements from the Essentials of Accredited Residency Programs;
   2. Letters of accreditation from previous ACGME surveys; and progress reports sent to the respective RRC
   3. Reports from previous internal reviews of the program;
   4. All correspondence between the program and the ACGME;
   5. Curriculum with goals and objectives by PGY level and that address specific and core competencies;
   6. Summary of the evaluation tools used by the program
   7. Previous annual program evaluations
APPENDIX

8. Results from internal, external resident surveys if available
9. Rotation schedules
10. Information from interviews with the program director, program key faculty and at least one peer-selected resident from each level of training in the program, residents in the program and anyone outside of the program that is deemed appropriate.

E. Process:

1. The Internal Review Committee will convene to, not only completely evaluate the program, but to improve the quality of the educational program and to promote constructive criticism. The evaluation shall also serve to educate the committee on the institutional and program requirements.
2. The Program Director and/or Coordinator will provide four copies of the required documentation to the Office of Graduate Education approximately two weeks prior to the date of the program's Internal Review.
3. The process should include interviews with the Department Chair, Program Director(s), faculty, all residents in the training program, and other key individuals as necessary.
4. Upon completion of the Committee's evaluation, a succinct summary of the Internal Review Meeting will be documented, and mechanisms to correct identified deficiencies will be recorded.
5. The completed summary report will be provided to
the Program Director and submitted to the GMEC for their next scheduled meeting, and presented by the Chair of the Internal Review Committee. The GMEC will vote to either fully endorse the evaluation and recommendations as reported, or to suggest additional evaluation. A copy of the final report will be maintained in the program’s file and in the Office of Graduate Medical Education’s files.

6. In most cases, the program director will be asked to follow-up after six months by preparing a report of the status of the program in relation to the recommendations of the internal review committee. This report will be submitted to the GMEC. Serious issues may warrant more frequent follow-up, or an immediate, additional internal review.

F. Reviews will be conducted at least once, by approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.

G. Programs with no residents enrolled at the mid-point of the review cycle:

1. The GMEC must demonstrate continued oversight of the program through a modified internal review that ensures the program has maintained adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the Institutional, Common and specialty-specific Program Requirements prior to the program enrolling a residents.
Vendor Interactions with House Staff

I. Purpose
To establish an institutional policy which provides direction on appropriate vendor interactions with the house staff.

II. Scope
This policy will apply to all house staff who participate in a graduate medical education (GME) training program within Union Memorial Hospital.

III. Definitions
House Staff or House Officer – refers to all interns, residents and fellows participating in a MedStar Hospital post-graduate training program.

Post-Graduate Training Program – refers to a residency or fellowship educational program.

Grant – a gift for a particular purpose

Vendor – someone who promotes or exchanges goods or services for money

2. After enrolling a resident, an internal review must be completed within the second six-month period of the resident's first year in the program.

H. Programs that are not accredited by the ACGME will be reviewed on the same basis and time schedule, and will be expected to adhere to the same quality standards for education.
IV. Responsibilities/Requirements

A. The Office of Graduate Medical Education will neither endorse nor support resident interaction with vendors including pharmaceutical industries and their representatives, but will accept unrestricted grants from any source for the purpose of medical education. Such programs will be completely planned by GME faculty and will be free of any commercial bias. All procedures will be the same as those used for the sponsorship of CME activities.

B. The Office of Graduate Medical Education will not sponsor house staff-related functions with vendors.

C. Each program director, and/or department chair, will establish written guidelines for vendor interaction within their department. A copy of the guidelines for each department will be on file in the Office of Graduate Medical Education.

D. Vendors approaching the Office of Graduate Medical Education for resident-related functions will be referred to the appropriate department’s program director and/or chief resident(s).